

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 30 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



**REINSTATEMENT** 1999

DOCUMENT # **N15000**

1. Corporation Name

**FRATERNAL ORDER OF EAGLES AUXILIARY, INC.**

Principal Place of Business

4201 NE 36 AVENUE  
OCALA FL 34479

Mailing Address

4201 NE 36 AVENUE  
OCALA FL 34479

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/20/1986

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	<del>KESSEL, PATRICIA</del> SUSAN Loveday	<del>3701 SE 33 CT.</del> 2326 NE 54th Pl.	<del>OCALA FL 34471</del> OCALA 34471
VPD	<del>WALLACE, MARTHA</del> VACANT	<del>3140 SE 1ST AVE</del>	<del>OCALA FL 34471</del>
SD	<del>CHANDLER, KAREN S.</del> SHARON GRZYB	<del>1036 NE 7 STREET</del> 910 SE 28th St	<del>OCALA FL</del> OCALA FL 34471
T	<del>KANNACKER, ANN</del> DORIS ADAMS	<del>3304 NE 27TH AVE</del> 7334 NE JACKSONVILLE	<del>OCALA FL 34470</del> OCALA FL 34479
			000003103037--5 -01/19/00--01079--006 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

~~CHANDLER, KAREN S.~~ SHARON GRZYB  
1936 NE 7 STREET  
OCALA FL 34470

9. Name and Address of New Registered Agent

Name

~~SHARON GRZYB~~

Street Address (P.O. Box Number is Not Acceptable)

910 SE 28th St

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34471

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Handwritten signature]*  
REGISTERED AGENT MUST SIGN

Date

November 16, 1999

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Handwritten signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/99

351-0332  
Daytime Phone #

CR2E040 (8/99)